

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/706,100
	Filing Date	November 12, 2003
	First Named Inventor	Fein, Seymour, H.
	Art Unit	1655
	Examiner Name	Tate
	Attorney Docket Number	SER-000 (New)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 051414

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

051414

OR

☐ Firm or
Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

✓ *Seymour Fein*

Seymour Fein

✓ 4/10/2007

Telephone

✓ 845 639-1820 ext 17

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

*Total of _____ forms are submitted.